

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000 100536

1. Entity Name

FLORIDA WORLD BUSINESS, INC

P97000 100536

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90482 050 \*\*\*150.00

ADD49751

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7478 N.W. 8TH ST.  
MIAMI, FL. 33126

14742 SW 58TH ST.  
MIAMI, FL. 33193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7478 N.W. 8TH ST.

14742 SW 58TH ST

City & State

City & State

MIAMI FL.

MIAMI FL.

Zip

Country

Zip

Country

33126

DATE

33193

DATE

4. FEI Number

65-0812783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBEN D. MOREL  
14742 SW 58TH ST.  
MIAMI, FL. 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

FILE NOW  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DESMOND V. TRIMPIN	
STREET ADDRESS	14742 SW 58TH ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RUBEN D. MOREL	
STREET ADDRESS	14742 SW 58TH ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01 (305) 269-7767